

**** DO NOT STAPLE**

Reserved for EP number _____

**Savannah River Nuclear Solutions, LLC
2015 Innovative Teaching Mini Grants Program Application**

PLEASE ADHERE TO THE FOLLOWING RULES:

1. Please type or print neatly (single-sided; do not write on back).
2. Do not write your name or team members' names within the body of the grant. This includes supporting sheets printed from your home/school internet account. **Grants with teachers' names and/or school names will be disqualified.**
3. Please provide full names of each teacher. **Maximum four teachers per team grant.**
4. Only submit original application not additional copies.

Category (check one)

☐ A \$500 ☐ B \$750 ☐ C \$1000

Lead Teacher's First & Last Name (Indicate Mr. or Ms.): _____

Lead Teacher's email address _____

Teacher's Subject & Grade Level _____

Would you like to be a displayer at the Mini Grants ceremony? Yes ☐ No ☐

Names of other teachers (**FIRST and LAST names**) included on this grant (Indicate Mr. or Ms.):

Project Title _____

School Name _____ School Phone: _____

School Address (Street or P.O. Box) _____

City, State, Zip _____

Principal's Name _____

APPLICATION CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Appropriate category checked | <input type="checkbox"/> Application is NOT stapled |
| <input type="checkbox"/> Budget/cost estimates completed | <input type="checkbox"/> Application and additional pages are single-sided |
| <input type="checkbox"/> Categories B&C (Project Plan and Implementation Schedule attached) | <input type="checkbox"/> School name/district NOT mentioned within grant |
| | <input type="checkbox"/> Principal's Email Address |

Signature of Teacher

Date

Signature of Principal

Date

Principal Email Address

Mail completed application to: Gladys N. Moore, Program Coordinator
Innovative Teaching Mini Grants
Savannah River Nuclear Solutions, LLC
Building 730-1B, Rm. 2143
Aiken, SC 29808

Applications MUST be received in our office by close of business March 6, 2015. No fax copies accepted. Applications cannot be hand delivered by non-SRS employees.

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Project Title _____

Grade Level and Subject Area _____ Number of Students Affected _____

Project Summary

(Briefly describe your project and expected results.)

Goals and Objectives

(List learning objectives and curriculum concepts to be enhanced by this project.)

Student Involvement

(Describe how students will be involved.)

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Project Budget

(Provide an itemized list of materials and their estimated cost. Make sure your budget is reasonable, appropriate and specific.)

<u>Item</u>	<u>Supplier</u>	<u>Estimated Cost</u>
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Total Cost

Evaluation

(Describe how you will measure the effectiveness of this grant. Explain how the activities directly related to your objective.)

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COMPLETE FOR CATEGORIES B & C ONLY

DO NOT INCLUDE THIS PAGE IF SUBMITTING CATEGORY A (\$500) GRANT

Project Plan

(Give details of your project plan, short and long term.)

Implementation Schedule

(Detail time line for implementation, short and long term.)

Cost Sharing

(If your project requires more than the amount granted, describe how you will secure additional funding.)